

2008-2009
HIGHER EDUCATION MERIT PAY
PLAN OF STUDY SUMMARY



Name _____ PS NUMBER _____

Date of Birth _____ SSN _____

Address _____ City _____ Zip _____

Work Phone _____ Home Phone _____

Name of College Coursework	Name of Montana College (unless Master's program)	Date Completed	Number of Credits Earned
TOTAL CREDITS			

Employer Certification:

I certify that _____ is working 15 or more hours per week with children in the home or classroom setting in a licensed or registered child care facility, Early Head Start/Head Start, or a Provider Services staff with a CCR&R Agency.

Signature of Director/Owner: _____

PV # _____

I certify all information given is true and correct.

Applicant Signature: _____

Date: _____

____ I agree to fill out and return Early Childhood Services Bureau survey requests related to my future Early Childhood education and employment.

*The survey information collected will be used to track retention of professionals in the field of Early Childhood in Montana.

Higher Education Merit Pay participants must be actively working a minimum of 15 hours in a licensed/registered child care facility or Early Head Start/Head Start when payment is requested. Higher Education Merit Pay participants must attach college transcript(s) (unofficial copies will be accepted) and a copy of their MT Early Care & Education Practitioner Registry before payment will be released.